



Representative DINA TITUS

Application for Congressional Nomination
To the United States Service Academies

Full Name: _____

Telephone Number: (____) _____ Social Security Number: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of Birth (City/County/State): _____

High School _____ Graduation Date _____

Address of High School _____

Father's Name _____ Mother's Name _____

Parent's Address (if different from above) _____

Grade Point Average _____ Class Rank _____ of _____

Test Scores:

SAT Verbal _____ SAT Math _____ ACT English _____ ACT Math _____

ACT Reading _____ ACT Sci. Reasoning _____ ACT Composite _____

Academy Selection: (Number in order of preference)

____ Air Force ____ Coast Guard ____ Naval ____ Merchant Marines ____ Military

I am also seeking a nomination through:

(Senator, Vice President, President, etc.)

Extracurricular Activities: (Attach an additional sheet if necessary)

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Signature _____ Date _____

Representative DINA TITUS
8215 S. Eastern Avenue Suite 205
Las Vegas, NV 89123

TITUS Academy Application